	Department of Public					
	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED	
	IL6001341				C 03/16/2016	
NAME O	NAME OF PROVIDER OR SUPPLIER STREET			, STATE, ZIP CODE	. 00/	10/2016
MIDWE	ST REHAB & RESPIRA	TORY 727 NOR	TH 17TH S	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICIENCY)	DBE	(X5) COMPLETE DATE
S 00	0 Initial Comments		S 000			
	Complaint 1641211/ Complaint 1641273/	IL83836 F328, F517 IL83902 F328, F517				
S9999	Final Observations		S9999		Who complying the association is a	
	Statement of Licens	ure Violations :	d-MVV in a difference company aggregate (			
	300.670a) 300.670b)2)3) 300.670e) 300.1210b) 300.3240a)					
	means an occurrence force or mechanical fire, or a lack of esse electrical power, that and welfare of reside present in the facility. b) Each facility shall he disaster preparednes staff, residents and of shall include, but not 2) A diagram of the expensed and made the memory of the prenance of the prenance of the prenance of the facility shall prophysically handicappe who are hearing or significant of the prenance of the facility shall prophysically handicappe who are hearing or significant of the prenance of the facility shall prophysically handicappe who are hearing or significant of the prenance of the facility shall prophysically handicappe who are hearing or significant of the prenance o	this Section only, "disaster" a, as a result of a natural ailure such as water, wind or ntial resources such as poses a threat to the safety nts, personnel, and others are policies covering s, including a written plan for thers to follow. The plan be limited to, the following: vacuation route, which shall familiar to all personnel nises; oving residents to safe cility in the event of a vere thunderstorm warning; ovide for the evacuation of d persons, including those		Attachment A Statement of Licensure Viole	ations	

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

03/28/16

PRINTED: 05/13/2016 FORM APPROVED

Illinois Department of Public Health

AND PLAN OF CORRECTION (X1)	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
, , , ,		A. BUILDING:		COMP	LETED	
	IL6001341			1	C 16/2016	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
MIDWEST REHAB & RESPIRATOR	{ Y	TH 17TH STI LLE, IL 6222				
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES IT BE PRECEDED BY FULL ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
care and personal care resident to meet the total care needs of the resided Section 300.3240 Abuse a) An owner, licensee, a agent of a facility shall noresident. (Section 2-10) These requirements are Based on observation, in review, the facility failed operationalize a Disaster Evacuation Plan for bariate pounds. This deficient progresident (R3) reviewed from the Evacuation Plan in the 8/14/15, R3 was placed than his room door dime Findings include:  On 3/5/16 at 2:00 PM, Reposition with the back of supporting R3's back. R3 was in a wide bariatric be out of bed. He was on a my primary (care physicial order that I must go to the change. No ambulance is section of the supporting R3 to the change.	ide the necessary care maintain the highest ental, and psychological nt, in accordance with hensive resident care perly supervised nursing shall be provided to each al nursing and personal ent.  e and Neglect administrator, employee or ot abuse or neglect a 7 of the Act)  not met as evidenced by:  hereigh and record to develop and repreparedness and atric residents over 1000 ractice affects one of one or Disaster Preparedness the sample of 3. On in a bed that is larger ensions.  R3 was in bed in a sitting the bed raised is massively obese and ed. R3 was unable to get vent. He stated, "Z1 is an). He changed the lee hospital for trach	S9999				

Illinois Department of Public Health

STATE FORM YYXW11 If continuation sheet 2 of 8

1	STATEM	ENT OF DEFICIENCIES	(V4) DROVIDED/CLIDELIED/OLL					
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER	1	PLE CONSTRUCTION	(X3) DATE	E SURVEY	
I			A. BUILDIN	G:	СОМ	COMPLETED		
-							^	
-			IL6001341	B. WING		1	C	
ľ			120001071			03/	16/2016	,
TO SHAPE OF THE PERSONS IN	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE			
	MIDWE	ST REHAB & RESPIRA	727 NOR	TH 17TH S	<b>FREET</b>			
des de la company	MIDAAL	O I KENAD & KESPIKA	IONI	LLE, IL 62				
r	(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES				,	•
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT)		(X5)			
	TAG REGULATORY OR LSC IDENTIFYING INFORMATIO		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO T	THE APPROPRIATE	COMPLETE DATE	
L					DEFICIENC	Y)		
	S9999	Continued From page	ne 2	S9999				•
	-	, , , , , , , , , , , , , , , , , , ,	_	39999				
		Ear, Nose and Thro	at (ENT) doctor that said he	***				
		would change trach	here. That doctor has	age and the same a				
		concerns that if ther	e are complications there					
		won't be the right set up here.					0.71 ( . 20.00000000000000000000000000000000	
		On 3/13/16, at 9:34/	AM, Z3, R3's mother, was					
		interviewed by telept	hone. She stated she had		POOL AND			
		just talked to Z2 on the telephone and he said he was still willing to perform the trach change procedure in the facility. She stated R3 had been						-
								-
								-
	in another facility before going to this one for about 3 or 4 years. He was moved by ambulance. She stated the facility had to get a							
					· Commission of the Commission			ı
								ĺ
		geined as a rev	v months ago because he					ĺ
		bacquas ha is efertal	ght. R3 refused at first					ĺ
		but finally area adda	to be in the mechanical lift,		-			
	70.0	stated a let of paralla	move to the new bed. Z3					ĺ
		baland atabilias Da	that worked in the facility					
		stated that D2	hen he was moved. Z3					
		Ho doorn't have any	a hospital gown all the time.					
		he had when he was	clothes except for the ones					
		fit him.	t to the facility, but they didn't					
		IIL IIIIII.				TOTO COLOR		
		On 3/10/16, R3's bed	dimana			and the state of t		
		measured Pala had	vos 52 inches vide le 07					
		inches long. The doc	was 52 inches wide by 87					
		into the corridor man	or opening from R3's room sured 43.5 inches wide.					
		Therefore P2's had a	sured 43.5 inches wide.					
		to evit his room. The	could not fit through the door fire exit door closest to R3's				1	
		foom moncured 45 5	inches wide A					
	room measured 45.5 inches wide. As you exit						1	
		the building there is a wooden ramp. There is a gate as you enter to the ramp which measures 49 inches wide. The wooden ramp is 57 inches wide rail to rail.						
	l				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
		an wrall.	Polyment		FELLENANT	VOLATI (America		
	r	=1 was into discuss	2/44/40					
	Į.	i was interviewed or	n 3/14/16 and stated that R3					
	V	vas piaced in the 52 i	nch wide bed on 8/14/15.					
	-	00la 14	7			OOOD AN A SAME		
	ŀ	R3's March 2016 Phys	sician's Order Sheet				1	

1	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G:	(X3) DATE COM	E SURVEY PLETED
		IL6001341	A. BUILDING:		í	С
					03/	16/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
MIDWES	T REHAB & RESPIRA	HURT	TH 17TH ST LLE, IL  622			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From page	ge 3	S9999			
	documents R3 had	the following diagnoses: Morbid obesity, and Vent.	33333			
	documents he requi two staff members f	res extensive assistance of or bed mobility and is bedfast.				
	R3's Nutritional Record, dated 8/6/14, documents R3's weight as 768.9 pounds (lbs).  R3's Daily Skilled Nurse's Note, dated 6/25/15 at 10:00 PM, documents "Bed bath given, wt (weight) 1032 lbs. Res (Resident) tolerated weighing with terrible anxiety noted."					
	"Last recorded wt wa 2015. (Up) 263.1 pc admit weight of 768. PM, E12, "I was her pounds. Two CNAs	, dated 8/6/15 documents as 1032 #'s (pounds) in June bunds since August 4th, 2014, 9 pounds." 3/10/16, at 2:18 re the night they got the 1230 used a hoyer. I was standing weight came out 1230				
	said 1000 pounds bu higher and is not lim was over the weight couldn't use it again.	The capacity of the hoyer at the weight part can go up lited. Once we figured out he limit for the hoyer, we We know he got bigger arted to touch the edge of the				
	bed. We got him a r PM, E13, CNA stated the hoyer lift with the took 6 people to stea	the bed." On 3/14/16 at 2:40 that she weighed R3 using built in scale in June 2015. It in because he panics and. She stated it is difficult to				
	keep him steady. R3's Physician's Prodocuments "Diagnos form of obesity that re consumption of food. intake of food that go	gress Report, dated 1/13/16, es: Exogenous obesity (a esults from the excessive It is caused by a constant es well beyond what the is morbid obesity requiring				

PRINTED: 05/13/2016 FORM APPROVED

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATE	
ANDIEAN	CI COMMEDITION	DENTIFICATION NOMBER.	A. BUILDING:		COMP	LETED
		IL6001341	B. WING		03/4	C 1 <b>6/2016</b>
NAME OF	PROVIDER OR SUPPLIER		DDESS CITY	STATE, ZIP CODE	03/1	10/2016
		727 NOD1	DRESS, СПТ, Г <b>Н 17TH ST</b> I			
MIDWES	T REHAB & RESPIRA	MORY	LE, IL 622			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 4	S9999			
	ventilatory support."					
	R3's medical record "(R3) - If Resident is 911 & inform 911 op Ambulance Compar bariatric ambulance greater than 1400 lb control Ventilator." Othis was an Emerge On 3/14/16 at 11:08, Nurse, LPN; at 11:1 E3, LPN, ADON; an interviewed regardin are in place to take I was a medical emer stated that a plan was was not in writing. Tools which included saw that cuts throug extension cord and a Respiratory Therapy key. The walls in R3 plan would be to use out in R3's room and the hall to the double wide enough to accohe was out on the sid Ambulance, and the lassume Z14 and the over from there. The	ment located in the front of l, dated 1/25/16, documented in Respiratory distress call berator that Z16, Local and resident's weight is and is dependent on assist on 3/7/16, E1 confirmed that ancy Plan for R3.  AM, E7, Licensed Practical 2AM, E5 LPN; at 1:30PM, dat 1:35PM, E8, LPN were g emergency procedures that R3 out of the building if there gency or a disaster. They as developed on 2/28/16 and the plan involved a cart with a large crowbar, an electric h metal and wood, an a large hammer, locked in the room. Each nurse has a the tools to knock the wall take him, in his bed, down a front doors. The doors are mmodate R3's bed. Once dewalk call Z14, Bariatric Fire Department. They				
r	CNA, stated, "I don't nobody told me. At 1	AM, E9, Certified Nurse Aid, know how to get him out, 1:55AM, E10, CNA, stated, w to get R3 out of his room.			THE REPORT OF THE PROPERTY OF	

Illinois Department of Fublic Health						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIP	LE CONSTRUCTION		SURVEY	
AND PLAN	AN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING	:	COM	PLETED
					1	^
IL6001341			B. WING		ì	C
		1L0001341	] S. WING		031	16/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
		727 NOR	TH 17TH ST	REET		
MIDWES	ST REHAB & RESPIRA	/ II I I I I I I I I I I I I I I I I I	LLE, IL 622			
	CHANADY OTA		1			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG			TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
S9999	Continued From pa	20 F	S9999			-
39999	Continued From pa	ge 5	29999			
	I have not been inst	tructed on an emergency				000000000000000000000000000000000000000
	plan."					Table in the same of the same
			AMARIAN AND AND AND AND AND AND AND AND AND A			
			Service Control of the Control of th			
5		PM, Z7, Hospital Emergency	9			
2		MS)Coordinator/Regional	noonaaaaa			
		Coordinator, stated he was	1-th downward			
hidamana		he local emergency service	Annual designation of the second designation			
900000	and was the coordinator for four local counties.		ana and and and and and and and and and			
	He said he and his director were responsible for					
5		oulance companies with their	0.000			
	policies and proced	ures and licensing.	obereconomic de la companya de la co			
			de la companya del companya de la companya del companya de la comp			
		ontacted by Z16, local				7
		/16. He was told by Z16 they		Terresidant		
		sport R3 due to his size. Z7				
***************************************		g this information, he				000000000000000000000000000000000000000
		r local ambulance, because				
OR STOCK OF		n ambulance that could				
and a delicated and a delicate		riatric resident. When he				
		atric ambulance, he was told		***************************************		
WITH ALL PLANTS		d accommodate a patient who runder. R3 was 1000 pounds				
-		e transported by this				
A METERSALA	ambulance.	e transported by this				
		ontacted Z14, bariatric				
		ed this company had an				
		a two ramp system. He				
		ould hold 700 pounds. Z14				
		ot transfer R3 due to the				
		at R3's weight would be				
		the two ramps. This would				
		ght, equipment and staff				
		with the transfer. Z7 stated				
		ot be transferred out of the			WEDDON ST. Admin.	
		are he and his superiors at				
		ussed possible alternatives.			1000	
	Z7 stated that on 3/1	/16, Z1, Administrator				
		I it was the facility's stance				
					1	

Illinois Department of Public Health

that R3 had to go to the hospital for this

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  TO SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY NUST BE PRECEDED BY FULL  FREETR  TAG  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY NUST BE PRECEDED BY FULL  TAG  REQUIATORY OR USE DENTIFYING INFORMATION)  S9999  Continued From page 6  procedure. Z7 confirmed there was no ambulance service in the region that could transport this resident. Z7 stated at no time did the facility contact him regarding how to transport R3 if there was an emergency.  3/9/16 at 3:00 pm. Z13. City Fire Department Chief, said that the facility had not approached him or the Fire Department in regards to to developing a Disaster Plan for R3. Z13 state on the facility. When arriving at the facility, R3 was in a bod that was at least 48 inches wide. Z13 stated the largest stretcher available to transport R3 was only 26 inches - 28 inches wide. Z13 stated "in the case of a fire Emergency for (R3), it would be shelter in Place."  On 3/10/16, the Facility's Disaster Policy and Procedure book was reviewed. There was no documentation in the book to address how facility staff and emergency responders should implement emergency medical and disaster policy and procedures in regards to R3 and his inability to leave his room and the facility.  3/14/16 at 11:25AM. E1 stated I don't know of any other "Evacuation Procedures for the building." E1 did not mention an evaluation plan for R3 at this time. A1 11:26 E1 was asked about the drywall evacuation for R3, that nurses discussed and he stated. "Ohy se, in an emergency we would knock the well out." A1 3:50 PM. E1 stated he did not address an overall comprehensive emergency plan for R3. He stated he just spoke to the County EMS regarding the trach change.  The Facility's Disaster Policy & Procedure, not	1	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Į.	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  TAG  MIDWEST REHAB & RESPIRATORY  TAG  SUMMARY STATEMENT OF DEFICIENCES  REACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFEX  TAG  TAG  CROSS-REFERENCED TO THE APPROPRIATE  DEFICIENCY)  S9999  Continued From page 6  procedure. Z7 confirmed there was no ambulance service in the region that could transport this resident. Z7 stated at no time did the facility contact him regarding how to transport R3 if there was an emergency.  3/9/16 at 3:00 pm, Z13, City Fire Department Chief, said that the facility and not approached him or the Fire Department in regards to developing a Disaster Plan for R3, Z13 said recently the Local Ambulance Company contacted the Department for equest assistance in transporting R3 from the facility. When arriving at the facility ass in a bed that was at least 48 inches wide. Z13 stated the largest stretcher available to transport R3 was only 26 inches - 28 inches wide. Z13 stated "In the case of a fire Emergency for (R3), it would be Shelter in Place."  On 3/10/16, the Facility's Disaster Plolicy and Procedures in regards to R3 and his inability to leave his room and the facility.  3/14/16 at 11:25AM, E1 stated I don't know of any other "Evacuation Procedures for the building" E1 did not mention an evaluation plan for R3 at this time. At 11:28 E1 was asked about the drywall evacuation for R3, that nurses discussed and he stated, "On yes, in an emergency we would knock the wall out." At 3:50 PM, E1 stated he did not address an overall comprehensive emergency plan for R3. He stated he just spoke to the County EMS regarding the trach change.				A. BUILDING:			C	
MIDWEST REHAB & RESPIRATORY  727 NORTH 17TH STREET BELLEVILLE, IL 62226    SUMMARY STATEMENT OF DEFICIENCIES   DEFICIENCY MUST BE PRECEDED BY FULL   PREFIX TAG   PREFIX   PRE			IL6001341	B. WING		,		
SUMMAY STATEMENT OF DEPOLEMENTS  SUMMAY STATEMENT OF DEPOLEMENTS  IEACH DEFOLENCY NUST BE PRECEDED BY THILL  REGULATORY OR LSC IDENTIFYING INFORMATION)  S9999  Continued From page 6  procedure. Z7 confirmed there was no ambulance service in the region that could transport this resident. Z7 stated at no time did the facility contact him regarding how to transport R3 if there was an emergency.  3/9/16 at 3:00 pm, Z13, City Fire Department Chier, said that the facility had not approached him or the Fire Department in regards to developing a Disaster Plan for R3. Z13 said recently the Local Ambulance Company contacted the Department to request assistance in transporting R3 from the facility. When arriving at the facility, R3 was in a bed that was at least 48 inches wide. Z13 stated the largest stretcher available to transport R3 was only 26 inches - 28 inches wide. Z13 stated the largest stretcher available to transport R3 was only 26 inches - 28 inches wide. Z13 stated the Shelter in Place.*  On 3/10/16, the Facility's Disaster Policy and Procedure book was reviewed. There was no documentation in the book to address how facility staff and emergency responders should implement emergency medical and disaster policy and procedures in regards to R3 and his inability to leave his room and the facility.  3/14/18 at 11:25AM, E1 stated I don't know of any other "Evacuation Procedures for the building." E1 did not mention an evaluation plan for R3 at this time. At 11:26 E1 was asked about the drywall evacuation for R3, that rurses discussed and he stated, "Oh yes, in an emergency we would knock the wall out." A1 3:50 PM, E1 stated he did not address an overall comprehensive emergency plan for R3. He stated he just spoke to the County EMS regarding the trach change.	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  S9999  Continued From page 6  procedure. Z7 confirmed there was no ambulance service in the region that could transport this resident. Z7 stated at no time did the facility contact him regarding how to transport R3 if there was an emergency.  3/9/16 at 3:00 pm, Z13, City Fire Department Chief, said that the facility that not approached him or the Fire Department in regards to developing a Disaster Plan for R3. Z13 said recently the Local Ambulance Company contacted the Department to request assistance in transporting R3 from the facility. When arriving at the facility, R3 was in a bed that was at least 48 inches wide. Z13 stated "In the case of a fire Emergency for (R3), it would be Shelter in Place."  On 3/10/16, the Facility's Disaster Policy and Procedure book was reviewed. There was no documentation in the book to address how facility staff and emergency responders should implement emergency medical and disaster policy and procedures in regards to R3 and his inability to leave his room and the facility.  3/14/16 at 11:25AM, E1 stated I don't know of any other "Evacuation Procedures for the building." E1 did not mention an evaluation plan for R3 at this time. At 11:25 E1 was asked about the drywall evacuation for R3, that nurses discussed and he stated. "Oh yes, in an emergency we would knock the wall out." At 3:50 PM, E1 stated he did not address an overall comprehensive emergency plan for R3. He stated he just spoke to the County EMS regarding the trach change.	MIDWES	T REHAB & RESPIRA	NURY					
procedure. Z7 confirmed there was no ambulance service in the region that could transport this resident. Z7 stated at no time did the facility contact him regarding how to transport R3 if there was an emergency.  3/9/16 at 3:00 pm, Z13. City Fire Department Chief, said that the facility had not approached him or the Fire Department in regards to developing a Disaster Plan for R3. Z13 said recently the Local Ambulance Company contacted the Department to request assistance in transporting R3 from the facility. When arriving at the facility, R3 was in a bed that was at least 48 inches wide. Z13 stated the largest stretcher available to transport R3 was only 26 inches - 28 inches wide. Z13 stated "In the case of a fire Emergency for (R3), it would be Shelter in Place."  On 3/10/16, the Facility's Disaster Policy and Procedure book was reviewed. There was no documentation in the book to address how facility staff and emergency responders should implement emergency medical and disaster policy and procedures in regards to R3 and his inability to leave his room and the facility.  3/14/16 at 11:25AM, E1 stated I don't know of any other "Evacuation Procedures for the building." E1 did not mention an evaluation plan for R3 at this time. At 11:26 E1 was asked about the drywall evacuation for R3, that nurses discussed and he sated, "Ohy es, in an emergency we would knock the wall out." At 3:50 PM, E1 stated he did not address an overall comprehensive emergency plan for R3. He stated he just spoke to the County EMS regarding the trach change.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI	N SHOULD BE E APPROPRIATE	COMPLETE	
dated, documents "A disaster may be a fire,		procedure. Z7 confambulance service transport this reside the facility contact h R3 if there was an experience of the facility contact here. Said that the facility contact him or the Fire Department of the facility and the facility, R3 was a served to the facility to leave his served to the facility to leave his served to the facility's Disaster to the Facility's Disaster the facility the facility of the facility's Disaster the facility the facility of the facility the facility of	firmed there was no in the region that could ant. Z7 stated at no time did aim regarding how to transport emergency.  Z13, City Fire Department facility had not approached artment in regards to er Plan for R3. Z13 said inbulance Company retirent to request assistance from the facility. When arriving its in a bed that was at least a stated the largest stretcher at R3 was only 26 inches - 28 ated "In the case of a fire, it would be Shelter in Place."  All the case of a fire would be shelter in Place."  All the case of a fire was no elebook to address how facility responders should be cy medical and disaster es in regards to R3 and his room and the facility.  E1 stated I don't know of any rocedures for the building."  An evaluation plan for R3 at the example of the stated in overall comprehensive es, in an emergency we leave. The stated he just spoke egarding the trach change.  Er Policy & Procedure, not	S9999				

PRINTED: 05/17/2016 FORM APPROVED

AND COMMENTS OF THE PARTY NAMED IN		OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING			(X3) DATE SURVEY COMPLETED	
-			IL6001341			1	C 16/2016	
milionary	WAL OF I	DBOVIDED OR CURRILIER		22522 2151	07177 310 00 0	1 00/	10/2010	
Personal property lies	NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
A STATE OF THE PERSON	MIDWES	T REHAB & RESPIRA	JURY	TH 17TH ST LLE, IL  622				
-	(X4) ID	SUMMARY STAT	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(VE)	,
	PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
	S9999	Continued From page	ge 7	S9999				
			eak, flood, electrical power	The state of the s				
	9	any other situation the	re, explosion, bomb threat, or hat would warrant evacuation	The state of the s				
		of the facility in orde	r to protect the lives and					
			s staff and residents." The					
			documents "This plan will be he American Red Cross, the					
		County Emergency	Government office, local					-
		Police and County S	heriff's Departments."					
		The Facility's "Evacu	uation Procedures" for fire,					
		not dated, document	ts "The necessity for varying					
			on will be determined by the the fire area as to the extent					
		of the fire. Initial eva						
		accomplished by hor	rizontal movement if possible.		78 277777777777777777777777777777777777			
		iviovement of people the travel of heat and	should always be away from d smoke. Utilize the nearest					
	:	safety area under ex	it." The Procedure					
			ast residents should be					
		removed by moving i possible."	beds out of the fire area if					
			n concentration in the second contract of the					
			/^>					
	mpddd.		(A)					
	W. Carlotte							
			The Francisco Control of the Control					
			Table to see					
		·	PROCESSOR LA					

#### IMPOSED PLAN OF CORRECTION

NAME OF FACILITY: Midwest Rehab and Respiratory

TYPE OF SURVEY: Complaints 1641211/IL83836 & 1641273/IL83902

DATE OF SURVEY: March 16, 2016

300.670a)

300.670b)2)3)

300.670e)

300.1210b)

300.3240a)

### Section 300.670 Disaster Preparedness

- a) For the purpose of this Section only, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the facility.
- b) Each facility shall have policies covering disaster preparedness, including a written plan for staff, residents and others to follow. The plan shall include, but not be limited to, the following:
- 2) A diagram of the evacuation route, which shall be posted and made familiar to all personnel employed on the premises;
- 3) A written plan for moving residents to safe locations within the facility in the event of a tornado warning or severe thunderstorm warning.
- e) The facility shall provide for the evacuation of physically handicapped persons, including those who are hearing or sight impaired.

# Section 300.1210 General Requirements for Nursing and Personal Care

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

## Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

### This will be accomplished by:

- I. All residents will be assessed to determine what assistance will be needed in the event of a natural or medical emergency. This will include their cognitive and physical level of functioning, need for physical assistance and devices, and their safety awareness and ability to follow staff direction in case of an emergency.
- II. All policies and procedures related to Disaster Preparedness will be evaluated and revised as needed to ensure compliance with Illinois Skilled Nursing and Intermediate Care Facilities Code.
- III. All staff will be inserviced on policies and procedures pertaining to Disaster Preparedness and Evacuation. The inservices will include all staff and will cover, at a minimum, a review of the written plan for moving all residents to safe locations within the facility in the event of an emergency, including a review of R3's individualized evacuation plan. The facilty will conduct drills annually , and as needed , to evaluate effectiveness of evacuation plans and procedures.
- IV. Documentation of inservice training, assessments, policy and procedure review, and related follow up actions will be maintained by the facility.
- V. The Administrator and QA committee will monitor items I through IV to ensure compliance with this Imposed Plan of Correction.

COMPLETION DATE: Within 20 days of this notice.

.